

IVS HIRING PREFERENCE INFORMATION FORM

Applicant's Name: _____ SSN: _____

Position Applying For: _____

Announcement #: _____

1. I am (check **ONE**)

- ☐ Involuntarily Separated from the Armed Forces
- ☐ A dependent of a member who was Involuntarily Separated from the Armed Forces

2. I understand that this is a **one-time hiring preference**, and that I will use my preference once I either accept or decline a continuing (a position that is expected to last for at least one year) NAF position. Check the appropriate block(s) below:

- ☐ I have NOT held a continuing NAF position since being eligible for IVS hiring preference.
- ☐ I have NOT declined an offer of a continuing NAF employment position for a position which I have applied for since being eligible for IVS hiring preference.

By my signature, I CERTIFY that all statements made by me on this application are true and accurate to the best of my knowledge and belief.

Signature of applicant

Date

Attach this completed form and a copy of your DD-1173 (Transition Assistance I.D. Card) or page 4 of your DD-214 (Certificate of Discharge) to your employment application.

Privacy Act Statement

Section 6311 of Title 5 of the U.S. code authorizes collection of this information. The primary use of this information is eligibility determination for the Involuntarily Separated program. Furnishing the information on this form, including your SSN, is voluntary. However failure to provide the information required will prevent consideration under IVS preference program.

Personnel Office Use Only:

- ☐ Eligible, meets IVS Preference program requirements
- ☐ Ineligible, does not meet IVS Preference program requirements